

Budget Initiative Fact Sheet

Office: **MaineCare Services**

Date: **12/13/2011**

Initiative: **7434 – Dental Services**

Account: **0147**

I. Budget Proposal Description:

This initiative proposes to eliminate dental services (MaineCare Benefits Manual, Section 25) as an optional service for members over age 21.

II. Financial Information:

	Actual SFY'08	Actual SFY'09	Actual SFY'10	Actual SFY'11
General Fund	1,606,531	1,554,581	1,667,546	1,663,946
Other Special Revenue				
Federal Funds	2,673,550	3,438,989	4,406,105	4,006,873
Total	4,280,081	4,993,570	6,073,651	5,670,819

Other sources of funding for program, i.e. FHM? ☐ Yes ☒ No

III. Total users of service:

<i>SFY 2008 Unduplicated Members</i>	<i>SFY 2009 Unduplicated Members</i>	<i>SFY 2010 Unduplicated Members</i>	<i>SFY 2011 Unduplicated Members</i>
18,570	18,978	20,907	20,066

*User data has changed from SFY '10 to SFY '11 due to enrollment and billing under MIMHS. Previously, in SFY '10 there were local codes that distinguished service rendered and where service was delivered. In the transition to MIMHS we are using HIPAA compliant codes and pulling data based on these codes which includes all services provided.

IV. Program Eligibility Criteria:

MaineCare members age 21 or older, who do not reside in an ICF-MR, are eligible for dental services when it is medically necessary in order to alleviate pain, infection or prevent imminent tooth loss. Services include acute surgical care directly related to an accident where traumatic injury has occurred, oral surgical and related medical procedures, extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure and full or partial dentures when it is determined to be medically necessary to correct or relieve an underlying medical condition.

V. Current Budget Proposal:

1) Appropriation Increase: \$ -0-

	<u>SFY '12</u>	<u>SFY '13</u>
2) Appropriation Decrease:	\$ 410,611	2,225,611

3) Savings/Reduction Plan: Eliminate dental as an optional service.

Services:

- Acute surgical care directly related to an accident where traumatic injury has occurred (this coverage will only be provided for the first three months after the accident),
- Oral surgical and related medical procedures not involving the dentition and gingival, extraction of teeth that are severely decayed and pose a serious threat of infection during a major surgical procedure of the cardiovascular system, the skeletal system or during radiation therapy for a malignant tumor,
- Treatment necessary to relieve pain, eliminate infection or prevent imminent tooth loss and other dental services, including: full and partial dentures, medically necessary to correct or ameliorate an underlying medical condition, if the Department determines that the provision of those services will be cost-effective in comparison to the provision of other covered medical services for the treatment of the condition.

4) Any contracts impacted? ☐ Yes ☒ No

VI. Legal Requirements:

Federal – subject to approval of CMS State Plan Amendment. Members and providers must be notified in advance. Medically necessary services for children are required through EPSDT and may not be eliminated.

State – subject to approval of state rulemaking and changes to statutes 22 MRSA §3174-Q and Title 22, §3174F.

VII. Maintenance of Effort Requirements: ☐ Yes ☒ No

VIII. Procedures Performed and Billed to MaineCare by Code Number:

Procedure Code	Procedure	Count of Procedure
D2140	Amalgam One Surface Permanen	279
D2150	Amalgam Two Surfaces Permane	437
D2160	Amalgam Three Surfaces Perma	283
D2161	Amalgam 4 or > Surfaces Perm	177
D2330	Resin One Surface-Anterior	1,053
D2331	Resin Two Surfaces-Anterior	1,057
D2332	Resin Three Surfaces-Anterio	947
D2335	Resin 4/> Surf or w Incis An	1,081
D2390	Ant Resin-Based Cmpst Crown	141
D2391	Post 1 Srfc Resinbased Cmpst	1,392
D2392	Post 2 Srfc Resinbased Cmpst	2,110
D2393	Post 3 Srfc Resinbased Cmpst	1,424
D2394	Post >=4srfc Resinbase Cmpst	1,031
D2710	Crown Resin-Based Indirect	60
D2915	Recement Cast or Prefab Post	2
D2920	Dental Recement Crown	81
D2931	Prefab Stnlss Steel Crown Pe	6
D2932	Prefabricated Resin Crown	3
D2940	Dental Sedative Filling	1,007
D2950	Core Build-Up Incl Any Pins	520
D2951	Tooth Pin Retention	179
D2954	Prefab Post/Core + Crown	240

D2970	Temp Crown (Fractured Tooth)	10
D3110	Pulp Cap Direct	118
D3120	Pulp Cap Indirect	1,210
D3220	Therapeutic Pulpotomy	89
D3310	End Thxpy, Anterior Tooth	469
D3320	End Thxpy, Bicuspid Tooth	434
D3330	End Thxpy, Molar	282
D3346	Retreat Root Canal Anterior	7
D3347	Retreat Root Canal Bicuspid	3
D3348	Retreat Root Canal Molar	3
D3410	Apicoect/Perirad Surg Anter	10
D3430	Retrograde Filling	2
D3999	Endodontic Procedure	78
D4341	Periodontal Scaling & Root	477
D4355	Full Mouth Debridement	173
D4999	Unspecified Periodontal Proc	32
D5110	Dentures Complete Maxillary	240
D5120	Dentures Complete Mandible	204
D5130	Dentures Immediat Maxillary	9
D5140	Dentures Immediat Mandible	1
D5211	Dentures Maxill Part Resin	10
D5212	Dentures Mand Part Resin	28
D5213	Dentures Maxill Part Metal	7
D5214	Dentures Mandibl Part Metal	2
D5410	Dentures Adjust Cmplt Maxil	285

D5411	Dentures Adjust Cmplt Mand	208
D5421	Dentures Adjust Part Maxill	26
D5422	Dentures Adjust Part Mandbl	25
D5510	Dentur Repr Broken Compl Bas	360
D5520	Replace Denture Teeth Complt	977
D5610	Dentures Repair Resin Base	95
D5620	Rep Part Denture Cast Frame	6
D5630	Rep Partial Denture Clasp	14
D5640	Replace Part Denture Teeth	78
D5650	Add Tooth to Partial Denture	505
D5660	Add Clasp to Partial Denture	56
D5710	Dentures Rebase Cmplt Maxil	314
D5711	Dentures Rebase Cmplt Mand	206
D5720	Dentures Rebase Part Maxill	17
D5721	Dentures Rebase Part Mandbl	32
D5730	Denture Reln Cmplt Maxil Ch	39
D5731	Denture Reln Cmplt Mand Chr	48
D5750	Denture Reln Cmplt Max Lab	156
D5751	Denture Reln Cmplt Mand Lab	91
D5982	Surgical Stent	1
D5986	Fluoride Applicator	10
D5999	Maxillofacial Prosthesis	40
D7111	Extraction Coronal Remnants	35
D7140	Extraction Erupted Tooth/Exr	32,804
D7210	Rem Imp Tooth w Mucoper Flp	12,731

D7220	Impact Tooth Remov Soft Tiss	381
D7230	Impact Tooth Remov Part Bony	1,036
D7240	Impact Tooth Remov Comp Bony	1,285
D7241	Impact Tooth Rem Bony w Comp	65
D7250	Tooth Root Removal	7,159
D7260	Oral Antral Fistula Closure	10
D7261	Primary Closure Sinus Perf	685
D7270	Tooth Reimplantation	4
D7285	Biopsy of Oral Tissue Hard	108
D7286	Biopsy of Oral Tissue Soft	356
D7310	Alveoplasty w Extraction	1,805
D7320	Alveoplasty wo Extraction	65
D7321	Alveoloplasty Not w Extracts	4
D7410	Rad Exc Lesion Up to 1.25 Cm	47
D7411	Excision Benign Lesion>1.25c	13
D7412	Excision Benign Lesion Compl	7
D7441	Malig Tumor > 1.25 Cm	1
D7450	Rem Odontogen Cyst to 1.25cm	748
D7451	Rem Odontogen Cyst > 1.25 Cm	333
D7460	Rem Nonodonto Cyst to 1.25cm	8
D7461	Rem Nonodonto Cyst > 1.25 Cm	1
D7465	Lesion Destruction	1
D7471	Rem Exostosis Any Site	61
D7472	Removal of Torus Palatinus	7
D7473	Remove Torus Mandibularis	70

D7510	I&d Absc Intraoral Soft Tiss	2,501
D7511	Incision/Drain Abscess Intra	2
D7520	I&d Abscess Extraoral	6
D7521	Incision/Drain Abscess Extra	3
D7530	Removal FB Skin/Areolar Tiss	79
D7540	Removal of FB Reaction	9
D7550	Removal of Sloughed Off Bone	20
D7610	Maxilla Open Reduct Simple	3
D7630	Open Red Simpl Mandible Fx	1
D7640	Clsd Red Simpl Mandible Fx	2
D7720	Clsd Reduct Compd Maxilla Fx	1
D7730	Open Reduct Compd Mandble Fx	1
D7740	Clsd Reduct Compd Mandble Fx	1
D7780	Reduct Compnd Facial Bone Fx	3
D7880	Occlusal Orthotic Appliance	111
D7910	Dent Suture Recent Wnd to 5cm	11
D7911	Dental Suture Wound to 5 Cm	939
D7912	Suture Complicate Wnd > 5 Cm	20
D7950	Mandible Graft	1
D7953	Bone Replacement Graft	8
D7955	Repair Maxillofacial Defects	1,439
D7960	Frenulectomy/Frenulotomy	6
D7970	Excision Hyperplastic Tissue	7
D7997	Appliance Removal	3
D7999	Oral Surgery Procedure	12

D9110	Tx Dental Pain Minor Proc	2,529
D9220	General Anesthesia	6,187
D9221	General Anesthesia Ea Ad 15m	1,809
D9230	Analgesia	239
D9241	Intravenous Sedation	200
D9242	IV Sedation Ea Ad 30 M	148
D9310	Dental Consultation	185
D9410	Dental House Call	303
D9420	Hospital Call	9
D9430	Office Visit During Hours	80
D9440	Office Visit After Hours	22
D9610	Dent Therapeutic Drug Inject	766
D9612	Thera Par Drugs 2 or > Admin	73
D9630	Other Drugs/Medicaments	12
D9930	Treatment of Complications	354
D9940	Dental Occlusal Guard	109
D9999	Adjunctive Procedure	4
Grand Total		99,045

IX. Demographic Information: (2010 Data)

COUNTY	COUNT(DISTINCTPERSON_ID)
Androscoggin	2,190
Aroostook	1,579
County Unidentified	617
Cumberland	3,079
Franklin	622
Hancock	559
Kennebec	2,528
Knox	506
Lincoln	499
Oxford	1,268
Penobscot	2,328
Piscataquis	348
Sagadahoc	438
Somerset	1,267
Waldo	579
Washington	556
York	1,944

Gender	
Female	12991
Male	7914
Unidentified	2

Between Age 55 - 64	1967
Average Age	40
Median Age	37

Marital Status	
Divorced	3065
Married	5690
Single	9151
Widowed	519
Separated	1294
Unidentified	1188

Income	
Earnings	5693
Pension/Retirement	311
Unemployment	675
Workers Comp	68